



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Nurse Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution:

Address: 1000 W. 4th St. Suite 9

Hankton, SD 57078

Phone Number: 605-668-8475 Fax Number: 605-668-8483

E-mail Addresses of Primary Coordinator and/or Instructor: gmaagc@vera.org

and
Kadoka
Nursing
Home
Kadoka, SD

- ☒ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
- ☐ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Gwen Madsen	SD	R032347	05/29/14	[Signature]

- ☒ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
- ☐ Attach curriculum vita, resume, or work history,
- ☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Gwen Madsen RN	SD	R032347	05/29/14	[Signature]

- ☒ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
- ☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Vincentia (Vicky) Daly	SD	R0327102	07/25/14	[Signature]
Heidi Colter	SD	P009029	07/12/15	[Signature]

Program Coordinator Signature: [Signature]

Date: 12/26/13

This section to be completed by the South Dakota Board of Nursing

Date Application Received: 12/31/13	Date Application Denied:
Date Approved: 12/31/13	Reason for Denial:
Expiration Date of Approval: April 2015	
Board Representative: [Signature]	
Date Notice Sent to Institution: 12/31/13	